2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

L99000006337

WORKFORCE SOLUTIONS V, LLC

FILED
2001 MAY -2 AM 10:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1801 Centrepark Dr, E Suite 100 West Palm Beach, FL 33401	1801 Centrepark Dr., E Suite 100 West Palm Beach, FL 33401

2. Principal Place of Business	3. Mailing Address
2501 South Ocean Drive	2501 South Ocean Drive
Suite, Apt. #, etc. Suite 915	Suite, Apt. #, etc. Suite 915
City & State Hollywood, FL	City & State Hollywood, FL
Zip / Country 33019 / USA	Zip / Country 33019 / USA

4. FEI Number 65-0951567 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
941 4th Street # 200
Miami Beach, FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM Breedlove, James L 1801 Centrepark Dr E, STE100 W. Palm Beach, FL 33401	☑ Delete	MANAGER Charles E. Wallace 2501 South Ocean Drive, STE 915 Hollywood, FL 33019	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM Wallace, Charles E 1801 Centrepark Dr E, STE100 W. Palm Beach, FL 33401	☑ Delete	MEMBER Workforce Solutions I, LLC 2501 South Ocean Drive, STE 915 Hollywood, FL 33019	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	000004335826 B -05/31/01--01046--018 *****50.00	☐ Change ☐ Addition *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Charles E. Wallace, Mamager

SIGNATURE: Charles E Wallace 04/30/01 (954) 921-5622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #